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"ON CERTAIN MODES OF TREATING STRICTURES OF THE
URETHRA." BY DR. CIVIALE.

Translated from the French, with additional Remarks, by JAMES BRYAN, M.D., Professor of Surg. in Geneva Med. College, President of the Coll. of Phys. and Surg. of Philadelphia.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR.—A few years ago, I had the honor to publish an article in the Medical Examiner, of our city, on "The Treatment of Strictures of the Urethra," in which I described an instrument invented, or partially invented, by me, for cutting permanent strictures. In that article, I advocated strenuously the propriety of this practice, and insisted on the necessity, for the permanent cure of stricture, of cutting freely through the parts. I there discussed the treatment by dilatation, scarification, &c. &c., and attempted to establish the fact that the treatment was both safe and sure. I fell, the other day, upon an article in the "Comptes Rendus," from the pen of the celebrated Civiale, to whose delicate mode of operating on his multitudinous patients, all Americans, I am sure, who have seen him operate, will bear testimony. I have often desired to know how he overcame the numerous strictures which must necessarily occur in his lithontritic practice; and was much gratified to find that he agrees with me, and some others, in the necessity of cutting strictures; that in fact, as a general rule, strictures which have been frequently dilated, and all permanent strictures must be often dilated, become finally impermeable and close; that this is, indeed, the ultimate tendency of the practice. He also agrees with me in considering the operation of cutting *safe*, and not very painful when properly performed; discards Amusat's and others' mode of merely scarifying, and unqualifiedly advocates free incisions. The only difference between him and me is this—he has invented ("to be perfectly safe") an instrument, which, like those of Amusat, *must pass* the stricture, and cuts in the act of retraction. This, you will easily perceive, has the very great objection of being only applicable to passable strictures, while my instrument (which in my opinion, in the hands of any judicious surgeon, is as safe as his), is applicable to all permanent strictures, passable or not.

TRANSLATION.

The work which I have the honor to present to the Academy, is designed to introduce an improvement, which I think important, in the treatment of one of our most intractable diseases. Its utility will, I think, be

obvious, when I present the technical details which are necessary to an appreciation of its object and effects. It often happens that the dilatability of the urethra diminishes, to such an extent, as to make the passage of the urine difficult, painful and even impossible. To overcome these morbid conditions, we generally have recourse to dilatation; and the practice, which is sustained by much experience, is defended by the most distinguished surgeons. But there are cases, unhappily too numerous, in which it is ineffectual. Patients of this class are reduced to the alternative of retaining a sound permanently, or undergoing continual torture from a desire which they cannot satisfy.

These cases are too severe to escape the solicitude of practitioners; hence they have sought, from the most distant periods, to combat these strictures by other means than dilatation.

Cauterization of the strictured part was that which appeared to offer most promise. Its efficacy for a time was announced as certain; but the practice has not been able to sustain itself, in spite of the most ingenious inventions to ensure its proper application.

It has been stated that incisions were useful; but it has been in vain, that the modes of operating from within outwards, or from without inwards, have been varied. The greater number of surgeons have dreaded these operations; among whom, Desault saw nothing but uncertainty and danger, Deschamps regards them as impracticable, and Sabatier himself can scarcely admit their practicability. Established facts, however, authorize a more encouraging opinion. Skilful practitioners have resolved not to abandon it. Near the end of the last century, Physick, in the United States of America, afterwards Arnott in England, Dzondi in Germany, and still later, other French and foreign surgeons, have attempted to rescue the plan of intra-urethral incisions from the discredit into which they had fallen. Their efforts have resulted in dissipating some fears, but they are still wide of the mark.

The older practitioners, and the greater number of the modern, have attempted to make, in the urethra, a species of puncture, by pushing in the direction of the canal, from before backwards, and without guide, a pointed or cutting instrument. This manœuvre is surrounded with difficulties and dangers; and in spite of the countenance which it has received, particularly in England and America, it is not a prudent practice.

Some surgeons, among us, hoped to accomplish their purpose by means of small incisions, designed to divide the *thickened indurated* mucous membrane alone. These have resulted only in a partial benefit.

For these processes others have been substituted, of a novel character. It is from behind forwards, and not from before backwards, that these new instruments operate upon the stricture; and in place of superficial scarifications, incisions long and deep enough to divide the whole of the diseased tissues are made. This is the method which I propose considering.

Accustomed to the use of the most delicate instruments, introduced into the urethra, and taught by my customary practice, the minute anatomy of the organs in health and disease, I have resorted for several years to the practice of my predecessors, and I have, while taking care

that the patients should not suffer by this mode of experimenting, added others. My first researches were followed by results unlooked for, and of some importance; that is, to restore to our ancient French surgery, the invention of a series of processes which have been, particularly in England, awarded, especially to Hunter and his successors. The neglect into which these now old processes have fallen, does not detract from their value. Scientific truth does not admit of proscription. In pursuing this investigation, I soon found that the instruments used were defective. My first care was to correct their faults, and to invent a process by which we might operate with regularity and precision.

The instruments whose description and figure I present are made on well-known principles, but I have combined them differently and in a way to accomplish a double purpose:—First, to explore accurately the diseased parts, then to divide them with accuracy and safety. I attain these two points in the following manner. The blade is hid in a tube with an olive-shaped termination. The extent to which it passes out of the extremity, and its action upon the tissues, are regulated mechanically, in such a way that no more nor less than is desired can be cut. The operation differs from the ordinary operations in surgery; the depth to which the blade extends, is determined, not by the pressure of the hand of the operator, as is the case in the use of the bistoury, but by the action of the urethratome itself. When it is arranged as it should be, in each case, we have only to draw it outwards in order to make an incision to the precise extent fixed upon by the operator. Any instrument which does not do this, should be abandoned.

It is by these improved and perfected means that I have, for twenty-five years, treated strictures situated at the extremity of the urethra, and success has been constant, when the incisions have been sufficiently extensive.

Though I have heretofore hesitated to apply this method to the deeper parts of the canal, my doubts ceased when M. Reybard, of Lyons, proved by experiment that our fears are not well founded, and that under the pubic arch, as in the gland, we may without danger, by a single effort, divide the urethral parietes to a considerable extent.

It is not surprising that an operation so bold should encounter opposition; it is sufficient to remember that this operation is entirely beyond the daily practice of surgeons, who consider the simple contact of the urine with the denuded tissues, a serious matter. Hence they have presented a variety of objections; now they have exaggerated the real difficulties of the operation, then again they have brought forward others purely imaginary. At other times they have decried the whole practice, in order to proscribe it. With the knowledge and experience which I have obtained, I can the less adopt this system of proscription, inasmuch as the method is not new to me, and it is only necessary to carry the operation to parts, to which I have not heretofore applied it. But one must be convinced in the beginning, that without accidents or danger a cutting instrument can be introduced into the deepest parts of the urethra, in order to make incisions of from six to eight millimetres in depth, and from three to twelve millimetres in extent. The question must be

decided by practice ; the facts of which I this day publish the heads, appear to me to be conclusive.

To understand the new method, I have proceeded in the same way, that I did with cauterization when it was tried some years ago, when introduced among us. I took all the necessary precautions, and I have expressed hope or regret according as the result was favorable or unfavorable. I have stated those things which support it, but I am not ignorant that there are points as yet doubtful. I have not expressed an absolute decision, except when the facts were numerous and positive, always pointing out the cases in which we should resort to the operation. Thus, in strictures situated in the urethra near the fossa navicularis, urethrotomy is the general method of treatment. Since 1823, I have not operated on more than thirty patients per annum, and the cure was always prompt and easy.

In the perineal region and at the curvature of the urethra, long or deep incisions need not be resorted to, except for hard, callous and retractile strictures which resist temporary dilatation, cauterization and other means ; which in fact yield to permanent dilatation, but return as soon as the use of sounds is left off. During four years I have seen twenty patients in this last condition. All had the disease badly ; all had been treated, in vain, by other means. The application of these new processes cured eighteen of them ; three were materially relieved ; and one died, two months after the operation, under the double effects of the operation and the unfavorable condition of the system.

Theoretical surgery would fear formidable accidents from the operation. Experience proves that those which are connected with the method of operating are rare and not dangerous. It is generally not painful ; many patients have declared to me, that they did not suffer as much from the incision as from the forcible introduction of a sound or bougie. This may be accounted for, when it is recollected that the local sensibility, however acute it may be, is modified, diminished, and even ceases, after repeated introductions of bougies. As it is necessary to resort to these in order to prepare the canal for the passage of the urethratome, and also to inform the surgeon of some preliminary matters, in order to operate with safety, very soon all the operations with the instrument may be performed without producing pain. If we add, that the use of the urethratome is confined to hard strictures, which involve a change in the neighboring tissues, a diminution of the circulation, and of the vitality of the part, incision becomes little painful under these circumstances.

Known facts, together with those which I have collected, are not sufficient to solve all the questions connected with this subject ; but they prove, certainly, that deep-seated urethratomy augments our therapeutic and surgical resources, and that this improvement is the more worthy of attention, inasmuch as the practice comes in aid of the surgeon at a time when all other means have failed. In some cases, also, it ensures the success of other modes of treatment which are inefficient without the powerful aid of free incisions.

In the work which I present to the Academy, I indicate the different modes of operating which have been resorted to previous to the one

which I advocate. I discuss the conditions under which they are proper, the defects and advantages which appear to me to be inseparable from them. I then describe my own for the given cases. I report the cases treated, with the results. Practitioners will thus have under their eyes the necessary facts, to appreciate the matter, both comparative and absolute; and they can form their opinion, as I have formed mine, by reasoning on the facts given.

CASE OF OEDEMATOUS LARYNGITIS—DEATH—AUTOPSY.

BY GEORGE L. COLLINS, M.D.

Read before the R. I. Medical Society, and sent to the Boston Medical and Surgical Journal by the Committee of Publications.

CATHARINE MARTIN, Irish, æt. about 20, of robust constitution, arrived in Boston 5mo. 10th, 1848, and came to this city the following day. She was attacked with ship fever, and admitted to the City Hospital on the 19th, where she went through the usual course of sickness, though the case was not particularly severe. There was considerable delirium, with some manifestation of local complications about the lungs. On the 9th of 6th mo., while still laboring under some mental aberration, she eloped from the Hospital and walked a mile or more, when she was found and sent to the City Asylum. Here convalescence went on favorably up to the 19th, when she appeared very well, with the exception of a slight cough, and a considerable swelling on the left side of the neck, behind and below the angle of the jaw, which was now in the suppurative stage, and which seemed to have its origin in a lymphatic gland. On the morning of this day she was about the yard, and made no complaint until afternoon, when she experienced a difficulty in breathing, which continued to increase until evening, when it became more urgent. Some simple applications were now made by the nurse, who did not think the case of sufficient importance to send for the attending physician. She retired at an early hour with the other inmates, and remained pretty quiet until about 10 o'clock, when she aroused those near her by her tones of distress. The nurse was immediately sent for, but on reaching the room about five minutes after, she found her already dead.

Autopsy.—I made an examination of the body fifteen hours after death, assisted by Dr. Clifford, who was then in attendance at the Asylum. The throat was the only part examined. The abscess on the side of the neck contained two or three ounces of pus, but it did not seem to have made any injurious pressure upon the larynx. The larynx, with a portion of the root of the tongue and trachea, was now removed, when the cause of death was at once apparent. Both edges of the glottis were affected by œdematous swellings, as was also the epiglottis. The glosso-epiglottic frænum and pouches on either side were considerably swollen. The swelling about the glottis extended into the cavity of the larynx, and spread to the surrounding walls of the pharynx. On further dissecting the larynx, a small abscess was found situated about the posterior part of the cricoid cartilage, a little to the right

of the mesial line. The cartilage was denuded of its coverings, both internally and externally, to a considerable extent. A part of its substance was also destroyed, leaving a notch about four lines deep in its upper edge, and involving about three fourths of the arytenoid facette of that side. There was still pus in the cavity, though a part of it had been discharged through the opening directly into the larynx large enough to admit a small crow-quill. The right arytenoid cartilage was entirely destroyed, with the exception of a small part which gives attachment to the lateral and posterior crico-arytenoid muscles—thus leaving no cartilaginous attachment for the right extremity of the arytenoideus muscle on the vocal ligaments of that side.

STRUCTURE OF PESSARIES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The accompanying pessary has gradually assumed its present form, after many efforts less successful. As unpretending as it may appear, it has nevertheless cost no little time and labor. It has grown out of the necessity of having *some* kind of a pessary, or instrument, for the support of the prolapsed uterus, different from any hitherto employed. The common *round* or *oval* perforated pessary of wood, or glass, as is well known, increases the evil it is designed to remedy. The vagina has not only to support the uterus, but the awkward and ill-contrived instrument itself. Its extreme *hardness* is another matter to be considered in its employment, and a sufficient reason why it should never be resorted to. The last objection may be urged against the “stem pessary,” as well as its total want of *adaptability* to the *parts*. It can be worn with no sort of comfort, it being a body perfectly *unyielding* and *non-elastic*. Another objection, in relation to the common “stem pessary,” extremely troublesome and annoying to a lady, is the necessary removal of appendages, or straps, in attending to the inevitable calls of nature. An objection of this kind cannot be urged against the *pessary* now offered, as calls of necessity can be complied with, without removing *any* of the appendages. This, I believe, cannot be said of any other pessary. The shield upon it is useful in many respects. First, it allows the wearer to urinate without rendering herself uncomfortable by saturating the appendages. Secondly, it affords a convenient point at which to attach the *anterior* straps or suspender. Thirdly, in case of a *fall*, or any accident by which the instrument may receive a *blow*, it will most effectually prevent it from being driven forcibly upwards, as it rests upon the *mons veneris* and upon the labia. At the anterior *inferior* portion of the pessary, *two* suspenders or straps are attached, neither of which cover the *anus*, but diverging from the point of attachment, pass backward, upward and outward, and are buckled above the hips, or a little posterior to them, to the belt about the waist, while the suspender in front is fastened just over, or in the region of the umbilicus. This instrument has been used by many ladies of the first respectability with complete success. In every instance, it has answered the purpose for which it was

designed. The inventor has had ample opportunity to test its value, during the last year. It has been made to correspond with the hollow of the *sacrum*, and *fit* the parts. Some little ingenuity is necessary in adjusting the apparatus to the comfort of the wearer. When once adjusted, no difficulty need offer on the occasion of its second application. This is referred to for the reason that *awkwardness*, on the part of the person who applies it, might in some instances be charged to the instrument. The Improved Pessary will subserve the purpose of its invention, when well applied. It is not affected by the heat of the body, neither by the secretions of the parts. The secretions of the *uterus* will escape by the hole made for that purpose. It need not press upon the *meatus urinarius* anteriorly, neither upon the *rectum* posteriorly. It answers the purpose better than any other in use.

The material of which this instrument is constructed, has never before been employed for this object. It is made of a material which I term the carbonated mixture. A patent has been applied for. In a few days the instruments will be ready for sale, in this city, and the inventor will be most happy to offer them to the afflicted.

J. H. ROBINSON.

USE OF CHLOROFORM IN MANIA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If you think the following facts worthy of publication, as additional to the valuable remarks of Dr. Channing and others, upon the use of chloroform, they are at your disposal.

Some time since, about 9 o'clock, P. M., I was called to see a lady, Mrs. H——, laboring under mental alienation. She had been troubled, for some days previous, with *odontalgia*, for which she had applied various "specifics" of her own and friends' recommending. At this time she did not complain of the tooth, but, occasionally, she would put her hand to the face, grate her teeth and groan; she would then rise, dance and sing, kick, strike, throw a chair, or anything that came in her way, as she was moved either with pleasure or pain. In short, she was perfectly maniacal. She did not know her own husband or any of her friends. Many efforts were made, without success, to persuade her to have the tooth extracted or to take something to quiet her raving. She said nothing ailed her—that she needed no medicine and would take none; and, as to losing her tooth, she had no inclination. It became necessary to keep two or more persons constantly on the watch to prevent her from injuring herself or the things in the room. Under this state of things, I advised her husband to have the chloroform administered as the most certain means of quieting her. It was sent for, and by the assistance of three persons whom it took to hold her, it was administered. She made all the resistance in her power, but in a few minutes she was under its influence. She remained still about fifteen minutes, when she awoke more rational, and was induced to take an anodyne. In a short time, however, she again became delirious, when the chloroform was administered the second time, and she again became

calm. She was now kept under its influence till she was in a sound sleep from the effects of this and the anodyne. She slept quietly from midnight till morning, when she awoke perfectly rational. She then walked half a mile, had her teeth examined, again took the chloroform, and had the defective tooth extracted, without her being conscious when it was done. Since then she has enjoyed a comfortable state of health.

I have been in the practice of giving chloroform for the last fifteen months, to alleviate the pains in parturition, in extracting teeth, and for various other affections, and have never yet witnessed any ill effects from its use.

Respectfully,

Boston, March 23, 1849.

E. B. MOORE, M.D.

DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED
WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 35, last volume.]

HÆMATEMESIS, or vomiting of blood, may proceed from one or more of a variety of causes, some of these of much graver import than others. We shall enumerate some of them, and that in the order of their frequency. 1st. Vicarious, or antagonistic hæmatemesis, of which the best illustration is that owing to suppressed or too scanty catamenia. Of this, there are few practitioners but have met with cases. But, occasionally, hæmatemesis of this antagonistic kind seems to originate in the morbid plethora, from which hæmorrhoids and hæmorrhoidal discharges arise, and of which these are the more usual safety-valves, if I may use that phrase. Also hæmatemesis seems sometimes to be vicarious of hæmorrhoids and hæmorrhoidal discharges, already periodic, but which some casualty has, for the time, suppressed.

It is difficult to determine whether mechanical or organic causes are the next most frequent inducers of hæmatemesis, as (for examples of the former) obstruction in the portal circulation, or disease of the heart by either of which the ventricular venous system may become loaded, so as to require to relieve itself by exudation or rupture; or (for example of the second) ulcerous or cancerous disorganization of the mucous and muscular tissues of the stomach, whereby veins and arteries are opened; with, of course, constant hæmorrhage. Aneurismal affections of the ventricular vessels come also under the latter head.

Dyscrasic hæmatemesis comes next in order. It appears to me doubtful whether, in any case, this form should be distinguished from the organic; for although, unquestionably, there are certain diatheses or diseases (as the scorbutic) in which hæmorrhage is extremely apt to occur, or rather, is extremely difficult to prevent, from both cutaneous and mucous surfaces, yet I suspect that in many or all of these cases there is disorganization more or less complete, more or less palpable, of the mucous or cutaneous surface from which the hæmorrhage proceeds; thus bringing the discharge, in part at least, under the head of organic. Therefore, I apprehend, that in all hæmatemesis other than that of mechanical origin, there will be perceived, either with ordinary vision, or by the microscope

morbid changes, more or less extensive and complete, in the mucous membrane of the stomach.

We do not think it necessary to refer to some other rare kinds of hæmatemesis; as, for example, the traumatic, or that caused by some incised or punctured wound of the stomach, through the abdominal wall. These, besides being uncommon, require, from their obvious nature, no explanation.

The occurrence of hæmorrhage into the stomach before vomiting reveals it, can scarcely be diagnosed by the practitioner, since the symptoms are simulated by several other stomachic affections, even of the most ordinary kind. But it is said that the patient who has once been the subject of hæmorrhoids into the stomach, easily recognizes it again, by the feeling of a gush of warm fluid into that organ. This, however, can only be in cases in which the hæmorrhage is of an active character, as that caused by vicarious catamenia or hæmorrhage, or from the rupture of some artery or vein. Passive ventricular hæmorrhages—those, namely, resulting from structural diseases of the heart and liver, and which probably take place, as it were, *stillatim*—are not likely to make themselves felt in the above manner, but only by weight and distention of the stomach, and perhaps by nausea.

The blood vomited affords some indications. If florid and liquid, it is probably arterial; if dark, venous of course. If clotted and dark, and if the patient had no perception of that gush of warm fluid which we formerly adverted to, the hæmorrhage has probably been gradual, and is of a passive kind. If the discharge consists of what is called grumous blood, or resembles coffee-grounds, capillary exudation is indicated, and the prognosis is bad; for from causes not yet well understood, hæmatemesis of this kind seldom occurs, except as a precursor of death. If the hæmorrhage is intermixed with bile and pus; more especially, if, as has happened, a gall-stone has come up at the same time, then it is evident that the discharge is hepatic.

The treatment of hæmatemesis is in some degree modified by the causes of it. When the hæmorrhage is due to suppressed or inefficient catamenia, or to suppressed hæmorrhoids, and occurs in plethoric subjects, it may be proper, not only to use the local means presently to be enumerated, and to place the lower extremities in hot water, but even to phlebotomize the arm or foot. In addition to the above means, we must, in the case of a woman with torpid uterus, foment the pudenda, and administer emmenagogues. (See our former notices under the heads, Amenorrhœa, Chlorosis, Dysmenorrhœa, and Emmenagogues.) With a man used to hæmorrhoids and hæmorrhoidal discharges, but in whom they are suppressed or scanty, a hot semicupium and stimulant suppositories, or injections, should be had recourse to. Internal styptics should simultaneously be administered, such as simple cold or iced water, or ice itself (if procurable); or an alum whey, consisting of a pound of that fluid, in which two drachms of alum are dissolved, and of which a small teacupful may be taken. Rose water may be substituted for the whey or oxymel. A favorite astringent pill in France is one composed of three or four grains of alum, two or three of sang-dragon (*calamus draco*) and conserve of roses, of

which from one to six or eight may be taken in twelve or sixteen hours. Some recommend, also, the application of bladders containing ice or cold water, externally, to the epigastrium. Such means will usually speedily succeed in hæmatemesis of this indirect and simple kind. The recurrence of it must of course be prevented by anticipating its causes—namely, by re-establishing the catamenia and the hæmorrhoidal discharge, or else by reducing systemic plethora, obviating the necessity for either hæmorrhoids or hæmatemesis.

The passive hæmatemesis resulting from organic diseases of the heart, liver, &c., is, of course, of far more difficult management than the form we have just been considering; for, in the latter kind, we have not *only* the hæmatemesis to contend with, but lesions chronic, if not incurable, of which it is a mere effect. As, therefore, the treatment of hæmatemesis of this nature is principally or entirely involved in that of the primary affections (which it is no part of our present plan to meddle with), we pass over it with only one remark, that, in hæmatemesis of this secondary kind, we must be cautious in seeking relief by bloodletting, which, practised for its derivant effect, would of course only augment the evil, without any but apparent and temporary relief.

In dyscrasic hæmatemesis, the treatment recommended for the vicarious form may be employed, with the important exception of bloodletting, which is altogether inadmissible. After the hæmorrhage is allayed, a course of treatment for the crisis of the blood is to be adopted, such as bark, quinine, gentian, iron, the mineral acids, animal food, fresh vegetable, fruits, and wine, with pure air and exercise.

Active hæmatemesis, resulting from the progress of cancerous or other ulceration of the internal surface of the stomach, obviously admits of no treatment. Bland aliment and quietude are all that can be prescribed.

In this notice we have omitted (as we intend to do throughout) much extraneous matter introduced by more than one recent writer into the history of hæmatemesis. We shall confine ourselves to indicating the most salient points in each disease and its treatment, neither deeming it necessary to enumerate many supposed remedies now exploded, to advert to therapeutical means little likely to be adopted, or to burthen the reader's memory with an endless variety of premonitory and other symptoms, which, not being peculiar to one disease, afford no ground of individual distinction.

Headache.—We mean to speak of that headache only which has its cause in derangement of the digestive viscera.

Some headaches are purely of a vascular-congestive, some of a neuralgic, character. There are others that surely, though obscurely, depend on stomachic, hepatic, or intestinal derangement, and with the removal of that derangement terminates the headache.

Thus acidity of stomach indicated by heartburn occurs, either unaccountably or in consequence of some injudicious food. Headache follows. We order a bottle of the water of the supercarbonate of potass, or a few grains of carbonate of soda or potass, or a few drops of liquor ammonia sesqui-carbonatis, and the cephalalgia is gone.

Or the stools are colorless, the complexion sallow, the tongue yellow,

with a bitter taste on it, and the bowels bound. All indicates a torpid liver. Headache ensues. We order a calomel-and-jalap aperient, and even before the bowels are evacuated the headache is relieved.

The medicines now enumerated act, so far as we know, on the abdominal mucous membrane, not on the cerebrum, or, if they act on the latter organ, they do so through the medium of the former. Hence it is that we infer, that in these and some other like cases, the cephalalgia is not properly idiopathic, but secondary and sympathetic, with its derangement of the chylopoietic viscera.

True it is that cerebral pain and stomaching derangement may be common results of some cerebral lesion; but from the circumstance of the stomaching derangement being anterior in time to the cephalalgia (although, of course, posterior to the cerebral lesion on which both it and the cephalalgia depend), the former may seem, but seem only, to be the causal agent or influence. This is not only very possible, but also very probable, and doubtless when our means and abilities of diagnosis are more perfect than they now are, diseases will often be found to originate in organs, parts and causes very different and very remote from the seat of final and overt lesion. But, meantime, where, as in cephalic affections, three of the four prime characters of disease (the rubor, calor, and tumor) are almost necessarily absent, the remaining one (*dolor*) is our only index, and until we know better, we must, in the absence of the others, consider as the *punctum saliens* of disease that part or organ where pain is first perceived; and the principle now stated applies to almost our whole present pathology.

Headache from derangement of the chylopoietic organs will be found often to depend on cardialgia, flatulence, and constipation, for the treatment and removal of which affections we must refer to our preceding notices under these heads.

An obscure case of simultaneous cephalalgia and flatulence has presented itself while we write these pages (Jan. 4). It is that of an unmarried man, of eight-and-twenty years of age, holding an appointment in the civil service, which has occasioned his residing for several years in a hot eastern climate. I may notice, that though he has not studied medicine or chemistry, yet he possesses an accurate and a technical knowledge of both, which, I believe, some practitioners do not possess. Before consulting me, he had seen several of the most eminent in the profession in the metropolis.

He himself accuses flatulence as his chief evil, and the cause of his headaches, but expressed his uncertainty whether it was idiopathic and irrespective of what food he might use, and of changes in his food, or secondary, and owing to the causes just named. For even when confining himself exclusively to food supposed to be non-flatulent, the flatus has been generated with its distressing consequences.

These are, a most unbearable feeling of fulness and constrictness about the root of the neck and within the upper part of the thorax; a sensation as if some body or power from within were pressing out the upper part of the sternum and inner extremities of the collar-bones; further up the neck, a feeling as if his cravat were tied with choking tightness; then

headache in both the temples, in the vertex, on the supra-orbital ridges, and in the ears, as if one were boring into his head with a hard instrument. Simultaneously with these sensations in the cranium or cerebrum, or both (and who can say absolutely how far the one or the other, or both of these, are implicated?), there is a feeling as if cold water were trickling down his fore thighs, and many other symptoms equally anomalous. Sometimes a dull gnawing feeling occurs in the lumbar region. When this happens, experience teaches him to expect that the flatulence and the cerebral symptoms will be milder. He tells me oxalate of lime has been found in his urine; a deposit, which, if it really occurs so frequently as some practitioners allege, we must begin to consider a normal, not a morbid constituent. I found none of it, but his urine (of the morning) had the gravity of 1028, and a profuse deposit of urate of ammonia and a moderate degree of acidity. He has no heartburn. His eructations are free from sourness or bitterness. His belief that the cephalalgia and other symptoms are dependent on the flatulence, rests on the supposed fact that the eructations relieve the former.

It was easy to recognize in this case hysteria with very serious complication; and accordingly, on closely questioning him, I ascertained he had a well-marked attack of hysteria abroad. One evening he was seized with a fit of sobbing and laughing, then unaccountable. The constrictive feeling about the neck was but a modification of the globus hystericus. It is not improbable that this affection is, in part, composed of, or accompanied by, some actual spasm of the laryngeal and œsophageal muscles, which relaxing after a time, and allowing readier escape to the flatus, gives rise to the belief that the flatus is the sole cause of the other symptoms, when it is only partially so. In this case there is great reason to doubt whether there impends not or exists not already a serious affection of the cerebrum or spinal cord.

The patient's principal anxiety is to relieve himself from the dangerous necessity of resorting to large and overpowering doses of opium and wine, the only things that have yet given him ease; which they do, not by curing the flatulence, cephalalgia, &c., but by making him insensible to them. Admonition to refrain meanwhile from these hazardous means was vain: "Cure me of my disease," was his reply; "while it remains, I must have recourse to wine or opium." The subject of this affection is in vigorous health, his reproductive and digestive organs in more than average tone.

Hepatitis.—Though functional derangements, attended with a secretion of the bile, more or less than the normal, and though hyperæmic states of the liver are common in this country, and in Europe, yet hepatitis is not. Occasionally, no doubt, we meet in British practice with structural affections of the liver, of a formidable character; but these are chiefly confined to hospitals, and to patients addicted to the intemperate use of spirits. It is in British India that English medical men have the most frequent opportunities of witnessing hepatitis in European subjects.

We shall not here enter into any inquiry (for we have done so elsewhere) as to the precise physiology of the liver, the chemical constitution of the bile, &c. We shall only observe, that there seems to be an

unquestionable antagonistic or supplementary relation between the lungs and the liver. Both excrete carbon, with the important difference, that the carbon, as excreted by the lungs, is oxygenized, and no longer combustible, and that the contrary is the case with the carbonaceous excretion of the liver. We may add that, as has been ascertained, there is a less excretion of carbon by the lungs in warm than in cold climates; and as, therefore, in hot countries the liver must, to a greater or less extent, perform vicarious duty for the lungs, hence one cause of the greater proneness to hepatic disease in tropical regions.

The two most common and most simple affections of the liver, which, though not amounting to hepatitis, tend to it, and will, if unchecked, end in it, are hyperæmic congestion of the hepatic vein and its capillaries, and biliary congestion of the lobules and biliary ducts. These affections may, for a time at least, and while mild in degree, exist, the one without the other. They may, on the other hand, synchronously arise from a common cause, and in all cases the one is extremely apt to induce the other. The meshwork of the two systems of vessels is so intimately interwoven, that congestion, and, if protracted, its consequence, incipient irritation and inflammation, with distention, cannot long exist in the one without being propagated to the other. Of the two affections, biliary congestion is the more serious; for in it there is not congestion merely, but also the lesion of an important secretion. The causes of these affections are various. Disease of the heart, attended with obstructed circulation, is almost invariably accompanied with hyperæmia of the mucous membrane of the stomach, and also of the liver. Duodenal irritations, by causing tumefaction of the mucous membrane of the duodenum, and consequent occlusion of the mouth of the common duct, gall-stones obstructing the biliary duct, too stimulant food and drink, loaded and neglected bowels, &c., seem to be the chief causes of biliary congestion. The causes of these affections (as now stated by us) suggest their respective remedial means, in cases where cure is possible. Of course hepatic affections dependent or organic cardiac disease are very hopeless.

The same causes which produce hyperæmic and biliary congestion may, if acting protractedly, or with great energy, or concurrently with cold, and other causes, give rise to active inflammation—to hepatitis. Of late, hepatic inflammations have been more nicely distinguished and classed than formerly. Thus Bonnet, of France, called attention to that form of hepatitis which, seated superficially, and on the convex side of the organ, involves the peritoneum, and often the stomach, constituting what he calls gastro-hepato-peritonitis. This is a very painful affection, often far more so than the parenchymatous inflammation, though less grave and dangerous. It is to be combated by free cupping and leeching near the seat of disease, purgatives, and the antiphlogistic treatment generally. Mercury, though less strongly indicated than in inflammation of the parenchyma, is yet proper in this also.

Parenchymatous inflammation of the liver has two chief varieties. The former of these consists of inflammation issuing in suppuration. This may be subdivided, first into suppuration, pretty equably diffused

through the substance of the organ, and confined to the lobular substance of the liver, which it does not disorganize; and secondly, into suppuration forming a separate abscess or abscesses; the latter, of course, a serious state of matters. Dr. Abercrombie seems to have entertained the opinion, that suppuration of the liver (of the interior of the hepatic lobules and ducts we presume) was a far more frequent occurrence than is usually supposed, and that it often happens without the cognizance of either patient or practitioner. It is conceivable that the form of hepatic suppuration just referred to, may occur without marked disturbance, and with no very striking phenomena. The case is different in distinct and separate abscess or abscesses. These, if of a size at all considerable, are seldom or never absorbed, and rarely remain so passive as not to occasion unequivocal disturbance, and this continues until the contents of the abscess pass off by the hepatic ducts, or by making their way into the stomach or bowels, or through the abdominal walls, or, with a fatal result, bursting into the peritoneum.

Adhesive inflammation of the liver, or that in which coagulable lymph is poured out around the lobules, the hepatic ducts, the hepatic veins, &c., may have, though in a different way, equally disastrous effects with suppurative inflammation. The lymph agglutinates, and if in large quantity, and diffused through a large extent of the liver, converts into a solid mass and destroys the function of a more or less considerable part of the organ, and this irremediably.

These forms of hepatic inflammation are to be treated with energy. Bleeding from the arm, in plethoric and young subjects, is to be promptly adopted, as well as local bloodletting by cupping. Mercury may be given in doses of from three to twenty grains, at intervals, or in large single doses. In France, the potassio-tartrate of antimony is relied on, and, no doubt, combined with mercury, it is advantageous. On the Continent, also, it is deemed of importance to ascertain if the inflammation is more on the convex or concave surface of the organ. If in the latter situation, leeches should be freely applied round the anus. There, too, they consider warm baths useful auxiliaries, and give freely drinks of tamaracum, nitre, manna, &c.

There is no doubt that many cases of hepatic abscess are owing to suppuration and ulceration of the mucous membrane of the bowels. Globules of pus pass into the hæmorrhoidal or other veins, and are carried by the portal vein into the liver, and there become impacted, and give rise to abscess. Hence all operations about the rectum are never free from this danger; and it is one among other reasons why we would, as often as possible, decline such operations.—*London Lancet.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON. APRIL 4, 1849.

Anomalous Disease in the Country.—A physician residing at Millbury, Mass., in writing to a medical friend in Boston, under date of March

27th, thus speaks of a perplexing and fatal disease that now exists in his neighborhood.

"There has been a most fatal disease prevailing in this town and in Sutton for a few weeks past. It is something entirely new to all the old doctors. The patient is seized with severe cold and shivering, and in a few moments (in severe cases) becomes insensible. After insensibility comes on (it is not quite perfect in all cases) the patient is very restless, but makes no complaint, further than to say 'O dear,' or 'O my head and back.' There has been one case of death in less than twelve hours after the first attack. Others have lived twenty-four or thirty-six hours, and one case continued two weeks. This last was examined. The internal organs showed no marked disease. The brain was not congested, though I think some pus was found in the ventricles. But the arachnoid membrane covering the brain, the medulla oblongata, and the whole spinal marrow, were found in a highly inflamed state, and contained large collections of pus underneath the whole extent. Those who examined the subject, and they were men who have made many *post-mortem* examinations, both in this country and in France, said they had never seen the like before. A child who died in less than twelve hours after being taken was examined in Sutton last week, but I have seen no one since to give me a report of the case. A man 45 or 50 years of age, one of the overseers of the poor in this town, prepared to go to meeting on Sunday, was taken with this anomalous disease just as he was about to start, and died last night (Monday). A child also died in town last night. The doctors do not know what name to give it, or what treatment to pursue. Perhaps there have been twenty deaths in this town and Sutton, from this new malady, within four weeks."

Since the above was in type, some further particulars of the epidemic have been received from Dr. Stone, of Auburn. He gives to it the name of cerebro-spinal meningitis, and represents the treatment which has been pursued as entirely ineffectual. His paper will appear next week.

Boston Medical Association.—The members were called together on Wednesday, March 28th, for the purpose of ascertaining whether the Association would send delegates to the American Medical Association. It was voted to do so, the number was fixed at twenty, and selected by a special committee, as follows:—A. A. Watson, J. W. Warren, N. B. Shurtleff, R. H. Salter, Le Baron Russell, W. T. Parker, W. W. Morland, G. K. Lyman, C. T. Jackson, A. B. Snow, John Odín, Jr., George Hayward, Jr., F. H. Gray, Charles Gordon, John H. Dix, Geo. Derby, E. H. Clarke, P. M. Crane, F. S. Ainsworth, S. L. Abbot.

While waiting for the list of nomination, an instructive discussion sprung up in regard to erysipelas and puerperal fever, which was conducted by Dr. Channing, Dr. Strong and others. The first gentleman spoke of the fact that erysipelas has not only been wide-spread, but quite fatal. He very justly observed that a history of the treatment of successful cases would be of value to the profession. Dr. Flint inquired whether Dr. Channing took any special precautions in visiting puerperal patients, after leaving those laboring under erysipelas? Dr. C. replied that no disinfecting agents were resorted to—but many hours intervened in such cases before going to the sick room where puerperal disease existed. Some practitioners in Boston entirely refused to visit puerperal patients while in

attendance on erysipelas, for fear of conveying that certain something which proved disastrous to the latter. This subject might be resumed with much profit to the profession.

Extract of Clover.—The Shakers of Canterbury, N. H., prepare a delicate article, which is represented to possess very important properties, by boiling the blossoms of red clover (*Trifolium Pratense*) till an extract is obtained, of a certain consistency, recognized by them as being the medicinal point, and which is particularly used as an external application in ulcerations. Those who have made themselves familiar with this comparatively new preparation, say that it acts like a charm in altering the condition of the most formidable class of ulcers. Such, in short, are the favorable representations from reliable sources, that hospital surgeons might find it advantageous to use it at once, especially as it is so mild and delicate that no disturbance in the system may be feared, however liberally the extract is applied.

Sick-room Bedstead.—Mr. Nathaniel Carter, of Trumbull street, Boston, an ingenious mechanic, has invented a bedstead frame that will be regarded as an important improvement upon all the contrivances extant, intended to facilitate the movements of invalids while confined to the bed. By the turn of a winch, the upper half raises the patient to any desired angle, and maintains it as long as may be desirable. With equal facility, the lower part is elevated, so as to bend the knees, or give almost any direction to a fractured limb. The whole frame-work is also readily raised or depressed on either side, for the purpose of removing the occupant to a chair or another bed, as the case may be. Other advantages are obtained by this unique construction, of obvious utility, which greatly enhance its value. For hospital wards, no kind of bedstead now in use, we should think, is to be compared to Mr. Carter's—and in the sick chamber of a private family, it would be prized exceedingly. If the price, when manufactured, is within the means of people of limited circumstances, the new bedstead will be extensively patronized. We trust, therefore, that those who control the sales will consult their own interest as well as the circumstances of persons of moderate means, and not suffer the price to exclude this excellent device from the humblest sick room in the community.

Improved Pessary.—We alluded, a few weeks since, to a pessary invented by Dr. J. H. Robinson. Believing it the most perfect and valuable instrument of the kind, offered to the community for the support of the prolapsed uterus, we now propose to speak of it more fully. It is made of a new material, which the inventor calls the carbonized mixture. It is very indestructible in its nature, and unaffected by the secretions of the parts with which it is to remain in contact. It is extremely light—much lighter than any pessary ever before employed, which fact greatly enhances its value. Its adaptation to the organs seems perfect, and we opine that it would puzzle the most ingenious to suggest an improvement. It promises to supersede all other instruments of the kind now in use. The inventor is about to open an office for its sale and application, and we hope he will meet with that encouragement which his invention deserves. A communi-

cation appears on another page, from Dr. Robinson, on the subject to which these observations refer.

Dental Operating Chair.—Mr. N. C. Fowler, of Boston, is the inventor of a novel kind of chair for dentists, that combines a variety of mechanical principles and conveniences. He will take it, we understand, to the Baltimore Dental College; and if it meets the approval of the faculty of that institution, his prospects will be flattering. The chair is a workshop in miniature, a trunk, and might be a bed also, with a little modification of some of the bars. Travelling operators, and those making voyages, will be essentially benefited by this curious piece of mechanism.

State of New York Medical Transactions.—With commendable promptitude, Part III. of Vol. 7, of the Transactions of the Medical Society of the State of New York, has been published and distributed, since the annual meeting, February 6th. Dr. Stevens's address, a synopsis of which has appeared in this Journal, is the leading paper, followed by one from the pen of D. T. Jones, M.D., of Baldwinsville, On the Diseases of the County of Onondaga. The financial condition of the Society is very satisfactory. A medical prize fund has been raised to \$141 62. The following resolution was adopted:—"Resolved, as the sense of this Society, that all articles put up for medical use and offered for sale, should be labelled in the English language, giving the names and qualities of the ingredients they contain, and the method of compounding them." Dr. Stevens proposed to recommend General Zachary Taylor, President of the United States, for the honorary degree of M.D., to the Regents of the University; but a substitute was offered by Dr. Hamilton, which was adopted after some debate. A prize of \$20 is offered by the Society, for a tract of not less than four, or more than sixteen pages, which shall most clearly expose the pernicious influences of nostrums or secret medicines upon the health and morals of the community. Dr. Alex. H. Stevens was elected President; Dr. Alex. Thompson, Vice President; Dr. Peter Van Buren, Secretary; and Dr. Peter Van Olinda, Treasurer. Dr. A. Clark and Dr. J. Parrish, of Philadelphia, were elected honorary members. Drs. Wm. D. Purple, Green, Chenango Co.; Lewis Riggs, Homer, Cortland Co.; Arba Blair, Rome, Oneida Co.; and John W. Riggs, Fort Plain, Montgomery Co., were recommended to the Regents of the University for the honorary degree of Doctor of Medicine.

Kentucky Penitentiary Report.—Those who have access to the last Report of the Keeper of the Kentucky State Prison, will be favorably impressed with the order, vigilance, and active humanity which characterize the management of that institution. It seems that one of the barbarities of a former system of discipline in this Penitentiary, was to shave the heads of refractory prisoners, once a week, so that they resembled, above their shoulders, a group of Chinese Mandarins. This has now been abolished. At the earnest solicitation of the present benevolent Superintendent, the law requiring this hebdomadal abomination was repealed, and permission was given to shave the heads of his incarcerated inmates, at discretion, as their conduct might require. Happily the discovery has been made there that maiming, cropping, shaving the head, and the like degrading opera-

tions, do vastly more harm than good. It is impossible to cudgel refractory spirits, such as tenant prisons, into a model morality. W. C. Sneed, M.D., the Physician, has appended to the same document a statistical account of the sanatory condition of the prison, that establishes another fact of moment, viz., that he, as well as Mr. Craig, the agent and manager, is well fitted for the position he sustains. In the year 1848, there were 244 patients in the prison hospital—of whom 123 were cured, 68 relieved, no one died, and none remaining in wards. Yet the hospital is represented as badly suited to the purposes for which it is used. The great and generous State of Kentucky must have an overhauling of the interior, and give the doctor better conveniences for conducting successfully the important department confided to his charge.

Origin of Epidemics.—A paper of sixteen octavo pages, on the "origin of epidemics, and a physical and chemical analysis of their specific cause, on a new theory of matter and form, by J. Wishart, M.D.," has been on hand several weeks. The author is a close observer, and a man of patient research—a fact that is apparent in the pamphlet before us. He wrote on the origin of fevers in the Missouri Medical and Surgical Journal, about a year since—taking this position, viz., "*that the human body could re-produce no miasms but its own*"; and at the close of the essay before us, says that this declaration is fully sustained, "and the hypothesis of contagion must be supported by new arguments or sink into oblivion."

Dr. Brainard's Valedictory.—By request of the class the valedictory to the graduates, a few weeks since, by Daniel Brainard, M.D., President of the Rush Medical College, referred to in last week's Journal, has been published. It simply, but properly, recounts the claims of the medical profession, on the score of what it has achieved for humanity, and on that account becomes an essential page in the medical literature of the country. Dr. Brainard has no rhetorical figures; no sudden surprisals in the way of bold assertions. On the contrary, a quiet, unobtrusive argument characterizes his style of writing, which will always command respect.

Delegates to the American Medical Association.—In addition to the names already mentioned as delegates from this city, the following have been appointed.

From the Massachusetts Medical Society, Suffolk District—Drs. James Jackson, G. C. Shattuck, Jacob Bigelow, Geo. Hayward, Geo. Parkman, Edw. Reynolds, S. D. Townsend, John Homans, Chas. Chase, Ephraim Buck, M. S. Perry, D. H. Storer, A. A. Gould, Samuel Morrill, John Flint, J. Mason Warren, Ezra Palmer, Henry Dyer, Geo. Bartlett, Henry G. Clark, Charles Mifflin, Wm. E. Coale, E. W. Blake, Wm. J. Dale.

Massachusetts General Hospital—Drs. John C. Warren, Jacob Bigelow. Harvard University—Drs. John Ware, O. W. Holmes.

Boston Lying-in Hospital—Drs. Walter Channing, C. G. Putnam.

Tremont-street Medical School—Drs. O. W. Holmes, Henry J. Bigelow.

Massachusetts Eye and Ear Infirmary—Drs. George A. Bethune, Rob't Hooper.

Boston Society for Medical Improvement—Drs. J. B. S. Jackson, J. B. Gregerson, H. B. Inches, Samuel Parkman, Samuel Cabot.

American Medical Association.—To THE EDITOR, &c. Sir,—I have received notices of delegates chosen by the following societies to attend the next meeting of the American Medical Association:—Peoria District Medical Society; Medical Society of Oneida County; New Hampshire Medical Society; Medical Convention of Virginia; Rhode Island Medical Society; Alleghany County Medical Society; Society of Southern Central New York; Medical College of Ohio; North Western Academy of Natural and Medical Sciences of Indiana Medical College; Indiana Medical College; Strafford District Medical Society; Medical Society of Delaware; Philadelphia Dispensary; College of Physicians of Philadelphia; Philadelphia County Medical Society; Randolph Macon College, Va.; Georgia Medical Society; Medico-Chirurgical Society of Cincinnati; Baltimore Infirmary; University of Maryland; Medical Society of the State of New York; Norfolk Medical Society, Va.; Camden District Medical Society, N. J.; Providence Medical Association; Boston Dispensary; Worcester Medical District Society.

It is quite important for the Committee of Arrangements to receive copies of the names of *all* delegates chosen. It is hoped that Secretaries of all associations who appoint delegates will give notice of the same to the subscriber.

HENRY I. BOWDITCH, Sec'y Am. Med. Association.

Medical Miscellany.—Drs. Johnson & Bowman, of St. Louis, are the inventors of a new spring lancet, which promises to become extensively useful, provided the price is reasonable.—A new hospital just below New Orleans, erected by the United States, consists of four large buildings, and cost \$150,000. They form a square of more than a hundred yards in extent. Their capacity is equal to accommodating a thousand patients.—Ship fever is beginning to re-appear among the emigrants who arrive in southern ports.—Druggists are laughing at the drug law. They suspect, but without reason, that a plan is on foot to have all druggists and apothecaries dependent on some picked men of the American Medical Association for license to sell medicines.—Whooping cough and measles prevailed to an unusual degree at the Sandwich Islands, and the natives were dying in great numbers, at the last advices.—Smallpox prevails somewhat extensively in Vicksburg (Miss.) and cases have also created some alarm in St. Louis, Cincinnati, Louisville, and Pittsburgh.—Dr. Francis M. Gannell has been appointed Assistant Surgeon in the U. S. Navy.—Dr. Smilie's history of the original application of anæsthetic agents, delivered at the Castleton Medical College, has appeared in a beautifully printed pamphlet.—Measles is still exceedingly rife in Boston and its vicinity.—Cholera is again creeping up the great rivers of the West, from New Orleans.—The members of the Suffolk Medical District of the Massachusetts Medical Society will hold an adjourned meeting at the Masonic Temple, Tremont street, the last Wednesday in April. A punctual attendance is requested.—A new volume of the American Journal of Homœopathy, at New York, commences with the next number.—The Natural History of New York, now in course of publication, has cost \$413,000, in addition to \$34,000 contracted for but not paid. The work will cost about \$76,000 to complete it.—It is thought that a plot of ground at East Boston should be secured, while it can be had at a moderate price, for a public hospital. The population is destined to be very large in that island, and being cut off from the city proper by a ferry, the advantages of a hospital to a dense manufacturing community, must be obvious.—The Hunterian Oration was delivered on the 14th of February, in the Theatre of the College of Surgeons, London, by Mr. Cesar Hawkins, in the presence of his Royal Highness Prince Albert, the Bishop of Oxford, Sir Robert Peel, Sir Robert Inglis, and other distinguished visitors, most of the members of the Council, and a large assemblage of fellows and members of the College, students, &c.

To CORRESPONDENTS.—In addition to papers which have been already acknowledged, there have been received Dr. Stone's account of the epidemic in Millbury, Dr. Dexter's case of Renal Calculus, and Dr. King on the External Application of Chloroform. Another of Dr. Dick's valuable papers on Dyspepsia, which are inserted very irregularly in the London Lancet, but which have thus far been copied entire into this Journal, may be found in this number.

Report of Deaths in Boston—for the week ending March 31st, 76.—Males, 39—females, 37.—Of consumption, 7—typhus fever, 1—scarlet fever, 6—lung fever, 7—measles, 7—infantile, 11—marasmus, 3—erysipelas, 1—convulsions, 2—scrofula, 1—hooping cough, 2—disease of the brain, 1—disease of the lungs, 1—inflammation of the bowels, 1—old age, 1—teething, 2—croup, 2—canker, 1—dysentery, 1—intemperance, 2—dropsy on the brain, 9—brain fever, 1—pleurisy, 1—pneumonia, 1—abscess, 1—suicide, 1—dropsy, 1—inflammation of the throat, 1.

Under 5 years, 50—between 5 and 20 years, 6—between 20 and 40 years, 11—between 40 and 60 years, 5—over 60 years, 4.

Health of New Orleans.—The cholera, though gradually and steadily declining, still lingers in our city, and we know not when we shall be able to announce its total disappearance from New Orleans. It has not declined as rapidly as did the epidemic which prevailed here in 1832. Still it retains a feeble hold upon our population, as shown by the deaths from this disease, for the week ending 17th February, amounting to 64, and for the week previous, about 80, thus indicating a diminution of 20 deaths weekly.

About the middle of February, we had several days of rainy weather, when suddenly the wind veered round to the north, and we had a heavy sleet, accompanied with ice more than an inch in thickness. The thermometer fell as low as 26° just before sunrise; and even at mid-day, evidences of the freezing were abundant in our streets. We have not been able to learn that this remarkable, this unprecedented cold weather affected to any serious extent the salubrity of our population; on the contrary, we believe it has had a decidedly favorable influence. During the latter part of February we had our usual mild and balmy weather, which produced a lessening revulsive effect upon the moral feelings and physical system of the community—the better prepared to enjoy the change, by contrasting it with the previous cold and unseasonable temperature. Whether the cholera superseded or absorbed our usual winter diseases or not, certainly we have been less afflicted than usual with this class of affections.

During the last two or three weeks, immigrants, chiefly Irish, have been flocking to our shores in great numbers; and as might be expected, many of those who embark for our port, sicken and die during the voyage, of ship or typhoid fever—the result of a crowded state of the vessel, a limited supply of provisions of a bad quality, and neglect of personal cleanliness. It has been our lot to board many of the immigrant ships, when they reach our port, and we are surprised that so little sickness and so few deaths are witnessed among them.

In the first place, these vessels are too much crowded; they should not be allowed to bring more than one-third their usual number. The shipping agents at Liverpool and the ports of Ireland, regardless alike of the comforts and lives of these people, drive them on board the vessel, like “sheep for the shambles,” too often illy provided with the comforts necessary for sustaining healthful existence, and many of them, at the time of their embarkation, with the seeds of disease in their systems.

Is it astonishing that disease should be generated and propagated among them during a long and boisterous voyage across the Atlantic? Strange indeed, with their well-known want of cleanliness, if some infectious disease did not consign many of them to the bosom of the ocean, far from the seagirt shores of their beloved Erin. It has been maintained by some English and Irish writers, that typhus is a disease peculiar to the Irish—that it should, in the language of an old sea captain, be called “Irish fever,” because this people, from their total want of cleanliness, and habits of life, carry it with them into almost every part of the world. Certain it is, it cannot be developed and propagated to any extent in localities where filth does not abound.—*New Orleans Med. and Surg. Journal.*

Georgia Medical Convention.—A convention of the physicians of Georgia was proposed to be held in Augusta on the 20th of February; the object of which was to “adopt such measures for the improvement and benefit of the profession as they may deem proper.”